

Request for Use of Meeting Room Form

Clermont County Public Library

Administrative Offices, 5920 Buckwheat Road, Milford, OH 45150; (513) 732-2736

Please check availability of the meeting room with appropriate branch before submitting this form.

Organizations with Internal Revenue Code (IRC) 501 nonprofit status and government agencies may reserve the room, based on availability, free of charge. Users representing organizations with (IRC) nonprofit 501 status or government agencies must demonstrate evidence of their status at the time of the reservation.

Library meeting rooms may be reserved, based on availability, for all other users for a non-refundable charge of \$20.00 per day per use, payable at the time the meeting room is reserved. Payment is required to finalize the reservation. Payment may be submitted at the branch or the administrative offices.

By requesting to use the meeting room and submitting the Request for Meeting Room Use form, I acknowledge that I have read, understand, and agree to the terms of the Meeting Room Use Policy as revised and approved by the Clermont County Public Library Board of Trustees November 15, 2021 and agree to abide by the Meeting Room Use Rules.

Groups or individuals using meeting rooms shall indemnify, defend and hold harmless the Library, its trustees, officers, agents, and employees from and against any and all losses, damages, claims, costs, suits, actions of any kind, arising and resulting and accruing from any act, omission or error of the such group or individual and any users, employees, agents, representatives, guests, invitees, resulting in or relating to personal injuries or property damage arising from the group's or individual's use of the Library.

The branch library meeting rooms are available the following times:

- Monday from 10 a.m. to 7:45 p.m.
- Tuesday from 12 noon to 7:45 p.m.
- Wednesday and Thursday from 10 a.m. to 5:45 p.m.
- Friday and Saturday from 9 a.m. to 4:45 p.m.

Name of applicant/organization: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

Contact Person: _____

Address: _____

Phone: _____ Email: _____

Branch meeting room requested: (Please circle one)

Amelia Batavia Bethel Felicity Goshen Miami Township (Room A and/or B)
New Richmond Owensville Union Township (Large or Small room) Williamsburg

Meeting date(s): _____ Start time: _____ End time: _____

Anticipated attendance: _____

Applicant's signature: _____ Date: _____

Printed name: _____

Staff Use Only

Fee paid: _____ Staff initials: _____ Invoice #: _____